

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10502438
APPLICANT(S)

8-18-07 11-30-07 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		1		1		
12			1		1	
13						
14		1		1		
15		1		1		
16			1		1	
17			1		1	
18			1		1	
19			1		1	
20			1		1	
21			1		1	
22			1		1	
23			1		1	
24						
25						
26						
27			1		1	
28			1		1	
29			1		1	
30			1		1	
31			1		1	
32			1		1	
33			3		3	
34			3		3	
35			3		3	
36						
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44						
45						
46						
47						
48						
49						
50		1				
TOTAL IND.			3		3	
TOTAL DEP.			34		34	
TOTAL CLAIMS			31		31	

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51				
52				
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98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				